

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586771

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11			1			
12			—			
13			—			
14			1			
15			1			
16						
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23						
24			1			
25			1			
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←	22	←	←		←
TOTAL CLAIMS		25				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		25				